CORD. Every item of infor-H UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County Lucew Unne	Registration Dist. No. 252
Village or City no Centreville	NoSt.,
	death occurred in a hospital or institution, give its NAME instead of street and num
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Jahn ! Urrugt	re
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH 2.
OR DIVORCED (write the word)	mare 25-
male while married	(Month) (Day)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended dec
energy sevier unuge	19 , 10 Mosch 25-
5. DATE OF BIRTH (month, day, and set) File 17-1852	I lest saw hum elive on mred. 22. 1937; d
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 3. 4m.
81 1 V 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	dry gaugnere of legition
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Merakaut	Throughous of Parthe
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arterio Schlerous
(Stete or country)	
13. NAME Welleau Wruger 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operetion Dete of
(State of Country)	What test confirmed diagnosis? Was there an aulo
15. MAIDEN NAME Referen Junte	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Referen Burke	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes a Currington	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE
III ON WORLD - C-1-1-V	
(Address) beutievide, ml	
(Address) beutievides ml 18. BURIAL, CREMATION, OR REMOVAL 27. 23.	Manner of injury
(Address) beutievide, nd	Manner of injury
(Address) benturge ml 18. BURIAL, CREMATION, OR REMOVAL Piece Julius was Date May 27, 193.3	
(Address) Century 18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
(Address) bentuergee ml 18. BURIAL, CREMATION, OR RENOVAL PIECE SULLUSTAWA Date May 27, 193. 19. UNDERTAKER Barton Bus (Address) Centre were May M. 27. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Nature of injury 24. Wes disease or Injury in any way related to occupation of deceesed?
(Address) benturge ml 18. BURIAL, CREMATION, OR REMOVAL Piece Julius awa Date May 27, 1933 19. UNDERTAKER Barton Bus	Nature of injury 24. Wes disease or Injury in any way related to occupation of deceesed? If so, specify

t and number) ___mos.____ds.

n and State

(Yeer)

Date of enset

re an aulopsy?____

ended deceased from

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows.		
Arteriosclerosis	1915	Attack of epilepsy - A AVERAGE	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		MECENTAL		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rosidence in city or town where death occurred mos _____ds. How long in U. S. If of foreign birth? ______yrs. _____mos. ____ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SUNGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH TR DIVORCED (wing the word) marie (Month) (Day) 5a. If married, widowed of divorced HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of ____ 1923 : death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date steted above, at I, 1 day, ----- hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. Date of poset 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... may 9. Industry or business In which pluods work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation _. instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation_ plain (State or country) What test confirmed diegnosis? Was there an autopsy? ER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in OTHI DEATH Accident, suicide, or homicide?______ Date of injury_______19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. hould 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury. 24. Was disease or injury In any way related to occupation of deceased?_ 19. UNDERTAKER (Address) if so, specify (Signed) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	CIAN
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V. S. No. 1

	CERTIFICATE OF DEATH 03158
1. PLACE OF DEATH	Registration Dist. No. 250
Village or City / M Bareley	
	5. No. St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Jamo Elinus Box	ebles
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Will lef OR DIVORCED (write the word)	(Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of	22 O HEREBY CERTIES THAT HAVE
(or) WIFE of Cluth	HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, day, and year) Mayel, 6 1933	I last saw h alive on 19 death is
7. AGE Years Months Days LESS than	to have becurred on the date stated above, at
I day,hrs.	The PRINCIPAL CAUSE OF BEATH and related causes of importance were sa follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	tut Daray alludy
SAWYER, BOOKKEEPER, etc. Sulf	hay Plule ff
work was done, as SILK MILL, SAW MILL, BANK, etc	premature out
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Jenny to shall suly
year) occupation (month and spant in this occupation	axelin 9
12. BIRTHPLACE (city or town) M Bourday	Other Contributory Causes of importance:
(State or country) And	
13. NAME Policy Bost-life 14. BIRTHPLACE (city or town) Ingravy	
14. BIRTHPLACE (city or town) C naturally	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Elsil Wilson	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Jump borlly (State or country)	Accident, suicide, or homicide?, 19_
Military District	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Musery attraction (Address) Bondy mile	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Family Cemerly Date Mar. 14, 19 33	
19. UNDERTAKER Walter Daniels	24. Was disease or injury in any way related to occupation of deceased?
(Address) Marydel End.	If so, specify
20, FILED Mar 14, 19 33 James 6 This	(Signed) (2) H Mulcelle
Registrar,	(Address) Sight Last 15 True

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cereoral nemorrnage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA--WRITE-PLAINLY, WAR UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example 1. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE-PLAINLY, W

STATE OF MARYLAND—	CERTIFICATE OF DEATH	80
1. PLACE OF DEATH	98-6	23
County Lucen Clune	Registration Dist. No. 25	54
Village or City Queenstrum	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and ni ds. How long in U.S. if of foreign birth?	
2. FULL NAME Charles & Clilla		
(a) Residence: No. Mr. Grasonille M	J. St. Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Muc 17 - (Month) (Day)	193 3 (Year)
HUSBAND of (or) WIFE of Sallie aune planes	22. HEREBY CETTIFY, that lattended	1933
6. DATE OF BIRTH (month, day, and year) July 7- 1860	I last saw h_sum alive on 100 1, 19 3	death is said
7. AGE Years Months Days If LESS than Idayhrs.	to have occurred on the date stated above, at	
/2 8 /0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER,		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaased last worked at dynam in this occupation (month and spent in this spent in this	The Marsanition	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
O 10. Data decaased last worked at dy not this occupation (month and year) 11. Total time (years) to not spent in this occupation.		
	Other Contributory Causes of importance:	3
12. BIRTHPLACE (city or town) (Stata or country)		
13. NAME Ila not know		
13. NAME 100 - not kenow	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	tonsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
State or country)	Where did injury occur?(Specify city or town, county and State.	**********
17. INFORMANT Leante Hignet ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAN	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Centremete Date Mar. 19,1933	Nature of injury	
19. UNDERTAKER B. Fellows Mi.	24. Was disease or injury in any way related to occupation of decaased?	
20, FILED Mar, 18, 1933 Lelen M. Olding. Registray!	(Signed) (Address) Selections	M. D.
If more blanks are needed, address State Recogram	N Charles Serves Relainment Remove 91 C N	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	031.00
County Queen Clune	Registration Dist. No. 252
Village Dr City Tre Starr, md	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occorred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Mask 10 Ufton	100
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Sewale Lohete 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH Morch 4- 1933
Sa. If married, widowed, or divorted HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. 1 HEREBY CERTIFY, That i attended deceased from
The Cofton	Morele 1- , 1933, to Mrsch 4- , 1933
6. DATE OF BIRTH (morth, day, and year) Up 20-1868	I last saw h. alive on March 1 - , 19 33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
65 10 14 1 day, hrs. or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Prituonary Internations
9. Industry or business in which	<i>A</i>
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year)	
(year) Occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E CONTRACTOR OF THE PROPERTY O	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
15. MAIDEN NAME Donat Kuan	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDL ENCE) fill in elso the following:
15. MAIDEN NAME Sonat Ruaru 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Curtis L. Fleetwood	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place / Stafes, Dal Date March 6, 1933	Nature of injury
19 UNDERTAKER Party Fras	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Courrencele, Mr.	If so, specify
20, FILED Mar 5 1933 Manie & Bright.	(Signed) Walser M. D.
Local Registrar.	(Address) (ultreville ml

STATE OF MARYLAND-CERTIFICATE OF DEATH

651 CA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	3
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4	-		

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	93-0
County 9, a Co	Registration Dist. No. 350
Village or City The clasself	No. St Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmos
~ 1 100 1/ 4	1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH
will est wisdomed	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ward Carell Par	HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, and year)	
AGE Years Months Deys If LESS that	
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
S Trade profession or particular	were as follows: Chura My assured Date of one
kind of work done, as SPINNER, fram benut	mus oug terroller
9. Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation (ccupation decupation)	/
0 - 0	Other Contributary Causes of importance:
2. BIRTHPLACE (city or town) QQQ (State or country)	Gasy Carlling Wildling
· · · · · · · · · · · · · · · · · · ·	
They free	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Poully	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) - luclars	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
INFORMANT Wallis askins	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rocarder Wid.	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bas elly bate Mar 20, 190	Nature of injury
9. UNDERTAKER TO TO Y. Lead	24. Wes disease or injury in any way related to occupation of deceesed?
(Address) Churchy Hill my	If so, specify
O. FILED Mar 19 1933 James W. Kurl	(Signed) Of Wellelly M.
del doca Registrar.	(Address) Fultustily but

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		-,	44

ADDITIONAL SPACE FOR FURTHER STATEMEN	NTS BY	PHYSICIAN
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Every Item of informagen should be carefully supplied. ACE should a stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate. RECORD BINDING A PERMAN FOR WITH UNFADING INK--THIS IS MARGIN RESERVED AINLY WRITE m ż

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND 162 CERTIFICATE OF DEATH
Count Count Court	Registration Dist. No. 25-1
Village of Englusion R. T. A. 2016/10 2 PULL NAME and Doroka	St.: Ward) Alluce St.: Ward) Alluce St.: Ward) Alluce (If death occurred in a hospital or institution, give its NAME Irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Itually White Single, Middle or Divorced (Write the word)	16 DATE OF DEATH 3 2 , 1933 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	
7 AGE 24 yrs. / mos. 24 ds. or min	rs. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or House Swife particular kind of work	- Humany Dube adono
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Selling Fields
9 BIRTHPLACE (State or country) Mary Lund	Secondary (Durstin) yrs nios ds.
FATHER William Wailby	(Signed). Salfo Tru Ind
OF FATHER Z (State or country) May lace	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
a wouth	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
of MOTHER (State or Country) Manyland	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence
(Informant Williams All Milliams All Milliams) New Milliams All Millia	Chistostown 33, 133
15 Filed Mar. 221923 W- H. Good. Registrar	20 UNDERTAKER VADDRESS Church Hill
if more blanks are needed, addres tate Regis	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oc-S pinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat men at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. tired 6 yrs). business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term ou Locomolive engineer, duties of the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinals fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomunqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03163
1. PLACE OF DEATH	
County Lugen Chris	Registration Dist. No. 254
Village or City Grasowell	No. St., Ward
Length of residence in city or town where death occurred 10 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Herman Helm	viele
(a) Residence: No. Grasonull (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Mar 18- 1933
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1.+11 1995	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Sept. 16 - 10/3	I last saw h; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade profession or particular	were as follows: On the Main wood, near Next Marrows. Cugg Date of oneet Clerkental alach From
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation wonth and this occupation them.)	auxonipleido convious
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Baltinace (State or country)	Other Contributory Causes of Importance: Poth lags broken.
13. NAME Charles Helwicke 14. BIRTHPLACE (city or town) Baltimore Cs.,	He was intoxicated, and walking on
14. BIRTHPLACE (city or town) Sattemore Co., (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Florence Putter 16. BIRTHPLACE (city or town) Galtinare	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur? War Leat Narrowal Lean Anne Con Make
17. INFORMANT Leonard Helwick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sattingable, M. L.	. On the main road; he was walking; was intoxicated.
Place Francille Date Max. 21-,19 33	Manner of injury accidentally stouch by an automobile. Nature of injury fractured skull; fractured poins Ind Polh lago.
19. UNDERTAKER B. P. Fellows	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Still Pond Md 20. FILED Mar. 20 1933 - Hele M. aldridge	(Signed) M.D.
Freak Registrar.	(Address) Store its ville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Ccrcbral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

V. S. No. 1 N. B.—V

STATE OF	MARYLA	ND-CERTI	FICATE	OF	DEATH
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10	"	1	19	-9
0	0	1	5	4

1. PLACE OF DEATH	23
County & year ann	Registration Dist. No. 2.56
Village or City budlus ville	No. St Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Franklin h	erchant-
(a) Residence: No. 1 hay Sudlumble	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Maly While OR DIVORCED ("write the word)	my 29 ,193 3
5a. If married, widowed, or divorced HUSBAND of	(month) (vay) (fear)
(or) WIFE of Spella Vunchan	1 HEREBY CERTIFY. That I attended deceased from 1932, to help 29, 1933
6. DATE OF BIRTH (month, day, and year) Way 28. 189)	I last saw han alive on Tuck 29 , 1933; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 11,30 A.m.
36 10 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Parlymay Fulnations
9 Industry or husiness in which	
work was done, as SILK MILL, bun farm	
O oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 15 W	
12. BIRTHPLACE (city or town) Queen am 40 (State or country)	Other Contributory Causes of importance:
II 13. NAME John A merchand	
13. NAME John J. Weschard 14. BIRTHPLACE (city or town) Javen am (0	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIOEN NAME Dugena dang	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME Dugma dang 16. BIRTHPLACE (city or town) - danker and 60	Accident, suicide, or homicide? Date of injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Stella Marchand	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of hunch Hull Date March 31, 1933	Nature of injury
19. UNOERTAKER W- 21 GDOG	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO. Marso, 1923 Lame of Mothe	(Signed) W Melralpe M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exa	mple I	i i	Example II	
The principal cause of death of importance were as follow. Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 4 Blas	July 5,1927	Peritonitis	3 days ago
1	-121 U 7	C. 11		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
,				

V. S. No. 1

STATE 1. PLACE OF DEATH	OF MAR	YLAND-	-CERTIF	ICATE	OF DE	ATH (3105
Countralizer a	mes			(159)	Danista di	D. 1 N 0	-8
Village or City Colu	ster		No.			Dist. No. 2 J	Ward
Length of residence in city or town w	here death occurred		If death occurred in s ds. Ho			instead of street a	
2. FULL NAME		m	redi	th			
(a) Residence: No.			St.,	Ward.			
PERSONAL AND STATE	(Usual place		1			t give city or town	
PERSONAL AND STAT 3. SEX 4. COLOR OR RACE					ERTIFICATI	E OF DEATH	
Male Colores		RRIED, WIDOWED. ED (write 10e word)	21. DATE (DE DEATH -	May (Month)	21, (Dey)	, 193
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22.	HEREBY		Y, That I attend	
(0)	n. 1						
6. DATE OF BIRTH (month, day, end year)	march	2/2/93	I last saw h	alive on		, 19	; deeth is sale
7. AGE Years Month	Days	If LESS than 1 day,hrs.	The PRINCIPAL	d on the dete stete			
Trade, profession, or perticular		ormin.	were es follows	:	— .	,	Oate of ensat
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc	,		1 rem	sture	Derle	1	
kind of work done, es SPINNER SAWYER, BOOKKEPER, etc Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked et this occupation (month end							
Dete decesed last worked et this occupation (month end yeer)	sp:	time (yeers) ant in this apation					
la k	2. 1	.apadon	Other Contribut	tery Causes of Impo	rtence:		
12. BIRTHPLACE (city or town) (State or couplry)	his		-				
	Michel	lista					
Ξ	Just.						
14. BIRTHPLACE (city or fown)	11	id				Dete o	
I 15. MAIDEN NAME / LOCA	Maler		1			Wes there e	
15. MAIOEN NAME / LOCA 16. BIRTHPLACE (city or town)	elies tar	. 0				Il in also the follow Date of Injury	
(Stete or county)	m	d · ,		y occur?			
17. INFORMANT TError	u quere	dith			(Specify city of INDUSTRY, In HO	town, county and S OME, or In PUBLIC	Stale) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2007	···	Menner of Injur	·			
Place lustes	Date MA	N. 2.2 , 19.33					
19. UNDERTAKER LETYPAU	Meredie	h (acting)			ay releted to occup	etion of deceased?.	
(Address) (LLC)	n njo		If so, specify	2-0-71		at Long at	1-1
20, FILED MAY 21, 1933 7	Local	Mas Registrar.	(Signed)/_	dress)	Steve	nsvill	e legho
If:	more blanks are needed,	address State Registrar,	2411 N. Charles St	reet, Baltimore, Red	questing U. S. No.	1. 11	112:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 1921 Run over by street car 1 week ago Chronic interstitial nephritis Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

information, should be carefully supplied ACE should be lated EXACTLY, PHYSI-state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CCUPATION is very important. See Instructions on back of certificate. RECORD "TH UNFADING INK---THIS IS A PERMANED BINDING MARGIN RESERVED FOR EVERY ITEM C WRITE N. B.

V. S. No. 1

PLACE OF DEATH County Meandures	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25
Village or City Stergus Milleno. 2FULL NAME PLOSSE S.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Worth 6, 1933
6 DATE OF BIRTH TW9 28 , 1898 (Month) (Day) (Year)	that I last saw h less alive on Men 6, 192
7 AGE If LESS that I day hrs or min. 8 OCCUPATION (a) Trade, profession or	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yre
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translicuts or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? The former or usual residence.
(Informant) Cugline Marsh. (Address) Starman L. M.	19 PLACE OF BURIAL OR REMOVAL Centruille 20,00, and march 9, 1938 20 UNDERTAKER ADDRESS
File MAY 7 183 7. C. Showard Registrar If more blanks are needed, address State Registrar	Ho, W. Leff Stevenville Ind. ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1. 1. + 17 17

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an state occupation at beginning cf illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return". Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or Al Farm laborer, yrs). For persons who have no occupation without more precise specification as Day Home, and ehildren, If the oecupation has been changed Laborer-Coal mine, etc. not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elediseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection need not be etc. The contributory valvular heart Nomenclature of the discase;

If this certificate is hoked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cortificate is permanently filed.

B,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUSTAT V S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1000	



N. S. No. 1 N. B.—WRITE PLAINIY, W. H. UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
CORD. Every in PHYSICIANS and statement of	
CORD. PHYSIC	
Exa	
MARGIN RESERVED FOR BINDING INTERIOR OF A PERMANENT WILLY SUPPLIED. AGE should be stated EXACTLY plain terms, so that it may be properly classified.	
BIN EX EX EX cl	
—WRITE PLAINTY WALL UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly of the property of the p	
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N R ING	200
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UN uppl	100
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VRIT Ition AUS	
No. 1	
V. S. No. 1 N. B.—W Rad CA	

V. S. No. 1

COUNTY SUGGE ACCEC	Registration Dist. Np. 250
	NDSt.,Wal
Length of residence in city or town where death occurredyrs,m	os ds. How long in U.S. if o1 loreign birth?
2. FULL NAME TYTILLES SILLINGS	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much // 193
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of Or Suffer of Su	22. HEREBY CERTIFY. That I attended deceased from the state of the sta
6. DATE OF BIRTH (month, day, and year) Stell botu-	I last saw h_ HM alive on all ad, 19; death is sa
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, atm.
1933 Mich // 1day,hrs	ware as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of one
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	-
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spent in this occupation	
12 BIRTINI ACT (illustration)	Other Contributory Causea of importance:
12. BIRTHPLACE (city of town)	The mount of the
13. NAME & Use Haller Stayort	TV
14. BIRTHPLACE (city or town)	Name of operation & Oct Date of O
(State or country) Coll in A secret	
15. MAIDEN NAME Etter & Meleones	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the 10Nowing
15. MAIDEN NAME COLLEGE TO MILLOSEE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State of country) Clay Acue	Where did Injury occur?
17. INFORMANT & Gu Palle Stonford	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury UUUU
Place19	Nature of Injury Lace
10 HADEDTAVED	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	7 / 11 so, specify
20. FILEO Mar 11, 1933 France P. Kent	O signous + way - O cellos M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

03109

County Queen Vierres	Registration Dist. No. 253
Village or City Slevensville	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
7	Application of the second seco
/	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH 10 (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) May, 14 -1933	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	the result of th
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Bremature Bulle.
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Wernauelle (Stata or country)	Other Contributory Causes of Importance:
3 6	
13. NAME WALLOWN 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SRELLE Survey 16. BIRTHPLACE (city or town) (State or couplry)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Lattie Jurier (Address) Stevenseelle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place SUBSTITUTE Date May 11, 1933	Manner of Injury
19. UNDERTAKEN Voland Bailer (Address) Sleven gorile M	16 so, specify (2) (2)
20. FILED Mar // 1933 7. CD Gorgas Registrar.	(Signed) Momasile 129 M.D. (Address) Stivenswill HIR
	- X X

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroen teritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

PHYSICIANS should state item of infor-Exact statement of OCCUPA-CORD. Every stated EXACTLY. I UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING certificate. TION is very important. See instructions on back of PLAINLY, N. B.-WRITE

1. PLACE OF PEATH		
County Luces (une	Registration Dist. No. 252
Village or City Puthet	we	NoSt.,Ward
Langth of socidence in site, as taken where death	71	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city of town where death	0 716	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ayara	a Warne	k
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIOOWED, DR DIVORCED (write the word)	21. DATE OF DEATH Max. 13- 1933 (Month) (Oay) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Macke. W	arner	2 I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, dey, end year) 7. AGE Yeers Months). /2 /8 43 Days If LESS than	lest saw h. H. alive on
8 9 4 8. Trade, profession, or particular	/ 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEPER, elc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this accupation (month and	rone	Winds Withtley
work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year)	11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:
(State or country)	Caware	When - Helms
E	warner_	
(State of country)	laware	Name of operation
# 15. MAIOEN NAME NO not	fenow.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT CARD (Address)	tur	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place entreville D	ate 3-15-1933	Manner of injury
19. UNOERTAKER Bensj. P. J. (Address)	ellows	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3- 15 , 19.3.3 1//a	min S. Bright	(Signed) M. O. (Address) M. O.
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU			
, and		· ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state CORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important, 'See instructions on back of certificate. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46)
County once all Mes	Registration Dist. No. 213
Village or City Cliepter	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Churles 7 Matker	ing.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (*write the word) A SEX 4. COLOR OR RACE OR DIVORCED (*write the word)	21. DATE OF DEATH May 25 1933 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Oliveisting Watture,	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 8- 1864	1 last saw h 1932, to 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 5. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Oyselrman SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Couching Rocki 1331
work was done, as SILK MILL, SAW MILL, BANK, etc	
- Spantin (month and) Spantin (mis	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Suested	MANTE
(State or country)	metallos m mismes 1932
14. BIRTHPLACE (city or town) Leliester	(absormal county)
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT O Margles Walfung (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL , GROWING , 2	Manner of injury
Place True ourying Date Mar 26, 1935	Nature of injury
19. UNDERTAKER L. C. Thomas	24. Was disease or Injury In any way related to occupation of deceased?
(Address) selvensvalle (Mi	If so, specify And And Control
20, FILED. May 25 1933 7. Ca Thomas	(Signed) 100000 Caccacacacacacacacacacacacacacacacacaca
Local Registrar.	(Address) Asiveus nile
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUPPAU VI				
Other contributory causes of importance:	10	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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BUREAU V.S.			
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should state of OCCUPA-CORD. Every item of infor-PHYSICIANS Exact statement H UNFADING INK-THIS IS A PERMANENT stated EXACTL properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	OF MAK	TLAND—	CERTIFICATE OF DEATH (3)	
Village or City Centres	ele la	? 7.0.	ND. St., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
2. FULL NAME (a) Residence: No.	W.W La	m Jv.	ds. How long in U.S. if of foreign birth?mosmosSt.,WardIf nonresident give city or town and St	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,		93. 3
5a. If marriad, widowed, or divorcad HUSBAND of			(Month) (Day)	(Yeer)
(or) WIFE of			22. HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	- 1932	to have occurred on the data stated above, et 3 Pm.	deeth is sai
//	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	Date of onset
8. Trade, profession, or particular kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc.			Lobor Prumma	
kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc				~~~~~~
10. Data deceased lest worked at this occupetion (month end year)	sper	me (years) nt in this pation		
12. BIRTHPLACE (city or town) Centre	evelle		Other Contributory Causes of Importance:	
(Stata or country) Many	1. Wilso	70		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	and a	0	Name of operation	
	B		What test confirmed diagnosis? Was there en aul	opsy?
16. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·		23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMANT Quaga (Address)	The Street	ind	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Date Mar	. 1- 1933	Manner of injury	
19. UNDERTAKER TO auto 75	01.	<u> </u>	Neture of injury 24. Was disease or Injury in any way related to occupation of deceased?	م
20. FILED Mar 5 , 1933 117	min S	Bright Registrar.	(Signed) (Address)	

CTATE OF MADVIAND CEDTICICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	BURLAU V S	July 5, 1927	Peritonitis	3 days ago	
		8			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN